

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 14 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41275

State File No.

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 331

1. PLACE OF DEATH:
(a) County 777 Marion
(b) City or town Hannibal
(c) Name of hospital or institution St Elizabeth hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

In this community years, months or days

3. (a) PRINT FULL NAME Jennie B. Buckner

3. (b) If veteran name war 3. (c) Social Security No.

4. Sex Female 5. Color or race 3 Color 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Ben Buckner 6. (c) Age of husband or wife if alive years 6 1877

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 17 hr. min.

9. Birthplace Hannibal Mo (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Alford Sanders

13. Birthplace Mo (City, town, or county) (State or foreign country)

14. Maiden name Sylvia Sanders

15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Sylvia Wilson (b) Address 206 Olive St

17. (a) (Burial, cremation or removal) (b) Date thereof 12 26 42 (Month) (Day) (Year)

(c) Place: burial or cremation Baptist Church

18. (a) Signature of funeral director Geo E. Hoback (b) Address Hannibal Mo (c) Date received local registrar 12/29/42 (Date received local registrar) (Registrar's signature) 1146

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Marion 64
(c) City or town Hannibal 4
(If outside city or town limits, write "RURAL")
(d) Street No. 206 Olive (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23 year 1942 hour 2 minutes 30 P.M.

21. I hereby certify that I attended the deceased from 4th 1942 to Dec 23 1942

that I last saw him alive on Dec 23 1942 and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Nephritis
Acute Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) Means of injury
23. Signature H. B. Meeker (M. D. or other) 710
Address Hannibal Mo Date signed 1/2/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.